



**SACRAMENTO STATE**  
COLLEGE OF CONTINUING EDUCATION

**ON-SITE REGISTRATION AGREEMENT**

Mail with Payment to: Terri Glenn  
California State University, Sacramento  
3000 State University Drive East, Sacramento, CA 95819-6103  
Ph: 916-278-3424

Name of Class: \_\_\_\_\_

Date(s) Attended: \_\_\_\_\_ Location: \_\_\_\_\_

**ATTENDEE INFORMATION**

Full Name : \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT INFORMATION**

CEU Fee: ☐ \$50.00 (0.8 CEUs) – Safety Assessment Program Evaluator Training  
☐ \$60.00 (2.0 CEUs) – Cost Estimating for Disaster Recovery & Mitigation

☐ Check (made payable to CSUS)

Check #: \_\_\_\_\_

☐ Credit Card:

Type (Visa, MasterCard or Discover): \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*\* NOTE: THIS FORM IS NOT A RECEIPT IF PAYING BY CREDIT CARD**

Signature of Attendee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Company/Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_